

EXHIBIT 17

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Recent Considerations from the Chief

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Hello, All,

I have several topics to review for your information. This e-mail may be a bit wordy, so settle down with a cup of coffee and make yourself comfortable.

This past July, the Archdiocese of Baltimore sent a survey team from the National Catholic Bioethics Center to assess our compliance with the Ethical and Religious Directives for Catholic Health Care Services (ERDs). For your perspective, SJMC was purchased by UMMS in 2012; a condition of this sale was that SJMC maintain its Catholic Identity despite being owned by a secular institution. It is readily evident that OB-GYN would be a major focus for evaluation in this survey. The results are in, and there are a few features of the report about which I think it important that you be informed:

-----In no uncertain terms, sterilization/contraception, "direct" abortion (intended termination of pregnancy), gender affirmation surgery/hormonal therapy, and Assisted Reproductive Technology are disallowed. Period. This has been a tacit understanding to date, but the survey recommends that we have explicit policies and educational materials visible to the public which make this very clear. A direct corollary of this is the active promotion of NFP, or "Fertility Awareness Methods Education" on our premises. We are working on the concept of a patient education video accessible on the UMSJMC website, but don't be surprised if NFP pamphlets show up on 3E or a blurb is added to standard PP discharge education. Additionally, I will ask that no discussion/specific plans regarding a patient's options for anything verboten be written on the hospital chart (or in the outpatient chart, for the hospital-employed practices, which are held to the same Catholic standards). Be appropriately vague. My own working phrase is, "options discussed".

-----The ERDs are readily available on the UMSJMC Intranet. If you have any questions regarding their intent, feel free to contact me. For specific clinical situations in which application of the ERDs may seem confusing or unclear, the Ethics Committee should be involved. A member of the Ethics Committee is always available for consultation through Tiger Connect.

For those who have not yet received their COVID vaccination booster, appointments for the Pfizer vaccine are available at Employee Health on Thursdays (410-337-1470).

And now, for the OB Providers,

-----L&D will continue to limit weekday postings to 3/day. I understand that this can be frustrating, but it is a patient safety measure, given that our RN staffing continues to be skeletal on any given shift. However, a 4th case can be approved on a case-by-case basis. Kelly Archer, who has re-assumed the role of L&D Nurse Manager, will approve that 4th case with my backup should there be any questions.

-----OBGYN Advisory Committee has reaffirmed the Bishop Score requirements for elective inductions posted between 39 and 39 6/7 weeks. Elective inductions requiring the use of pre-induction cervical ripening will not be accepted in this gestational age range. This decision reflects the increased resources (time on L&D, RN staffing, bed availability) which these inductions consume. That said, special circumstances will be considered (partner availability, social/family support, etc) and will be approved by me or my proxy.

-----Babyscripts PP Hypertension Program has been steadily fine-tuned by our RN support team. We are developing outcome metrics which I will present to the Department. It has come to my attention that many providers are still seeing all hypertensive patients in their offices within one week PP, despite serially-recorded BPs which are reviewed and alarmed for report to the provider, should they exceed accepted parameters. Additionally, our RN team is separately calling and querying these patients for symptoms which would also be reported to the provider. There really is no need for a routine office visit for BP evaluation, given the Babyscripts program. Save that office slot for someone who needs it!

That's all for now. Thank you for your attention,

Monica

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